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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/712,324
Filing Date	11/13/03
First Named Inventor	Bill Riel
Art Unit	3672
Examiner Name	Daniel P. Stephenson
Attorney Docket Number	20517-034

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 42922

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

42922

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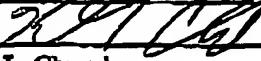
<input checked="" type="checkbox"/> Firm or Individual Name	Charles D. Gunter, Jr.				
Address	Whitaker, Chalk, Swindle & Sawyer, LLP 301 Commerce Street, Suite 3500				
City	Fort Worth	State	TX	ZIP	76102-4186
Country	US				
Telephone	817/878-0500	Email	egunter@whitakerchalk.com		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Kris L. Church		
Date	10/31/03	Telephone	(936) 760-2700

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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